

DEPARTMENT OF BEHAVIORAL HEALTH & DEVELOPMENTAL DISABILITIES
DIVISION OF DEVELOPMENTAL DISABILITIES
DD ADVISORY COUNCIL MEETING MINUTES

SEPTEMBER 19, 2014

ADVISORY COUNCIL ATTENDEES: Debbie Conway (Chair), Estelle Duncan, Twana King, Sheryl Arno, Heidi Moore, June DiPolito, Nandi Isaac, Bobby Holcombe, Eve Brogan , and Lynnette Bragg (Participated via Phone)

STATE OFFICE STAFF: Dan Howell (Participated via Phone), Sara Case, Frank Kirkland, Eddie Towson, Byron Sartin, Robert Bell, Doris E. Johnson, Mary Price, Catherine Ivy, Fatma Ramadan-Jones, Carrie Dhanarajan (Participated via Phone) and Nikki L. Douglas (Recorder)

EXCUSED: Dr. Bruce Lindemann, Mitzi Proffitt and Rita Young

VISITORS: Marion Oliver (DCH) and Susanna Miller (GSU, School of Public Health-Community Support Specialist) accompanied by Joseph Morman & Ernest Hopkins

Topic	Outcome
<p style="text-align: center;">Welcome & Introductions</p> <p>Ms. Debbie Conway</p>	<ul style="list-style-type: none"> ❖ The meeting began at 9:35 AM. ❖ Ms. Conway welcomed everyone in attendance and asked members to share what is going well in their work and supports of individuals with developmental disabilities. ❖ Many of the Council members agree that the exceptional rate (ER) process is not going well. ❖ Council members request that a back-up person is available to complete the ER process when staff members are away from the office. ❖ Ms. Conway discussed the upcoming DDAC application process. <ul style="list-style-type: none"> • Two council members have resigned. • Membership for all current members will expire in December 2014. • In order for there to be continuity only a third of the DDAC will roll off as of December 2014. Three members in addition to the two that have resigned will roll off. • The application will be distributed to stakeholders across the state.
<p style="text-align: center;">Business: Approval of Minutes</p> <p>Ms. Estelle Duncan</p>	<ul style="list-style-type: none"> ❖ There was a motion to approve the July 18th meeting minutes. <ul style="list-style-type: none"> • Ms. Isaac motioned to approve the minutes. • Ms. DiPolito seconded the motion. • Minutes were unanimously approved. • ❖ During a conference call in August with Mr. Howell, a motion was made that the Council recommends that information and procedures as well as proposed policy communication and structural changes discussed at meetings with the Support Coordination agencies should be vetted through the DD Advisory Council before implementation. ❖ In addition, a motion was made to formally request a copy of Robyn Cooper’s report on Support Coordination in Georgia along with recommendations. Twana King abstained, no vote from Rita Young, approval from all other members.

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<p>Division Updates</p> <p>Mr. Dan Howell</p>	<ul style="list-style-type: none"> ❖ Mr. Howell introduced Mr. Frank Kirkland. Mr. Kirkland and Ms. Case are both reporting to Mr. Howell as Assistant Directors of the Division of Developmental Disabilities. ❖ Mr. Kirkland comes to DD from Maryland, New Jersey and West Virginia where he has worked in fields such as supported employment and self-directed services, just to name a few. ❖ Joint Filing <ul style="list-style-type: none"> • Realignment of regions to make more responsive to people. • There are inconsistencies among regions and this is a huge issue. • DD RSAs have met with Ms. Case and other DD staff twice to discuss functional realignment. <ul style="list-style-type: none"> ▪ Over the course of time regions will be functionally aligned. ▪ Currently making policies and procedures consistent and coherent. • Mr. Howell is committed to making things work and believes there will be a stronger structure by the next meeting. ❖ According to Mr. Howell, going forward conversations will be solution-based. <ul style="list-style-type: none"> • DDAC requested to have families and providers included in the process of realignment of regions. <ul style="list-style-type: none"> ▪ Mr. Howell accepted the request. • Ms. DiPolito would like for DD individuals to have same access to quality care as do individuals with behavioral health and addictive diseases. • DDAC members believe that the system should be simplified. ❖ Mr. Howell met with the Department of Justice (DOJ) and had a 45 minute meeting in August. <ul style="list-style-type: none"> • Mr. Howell explained the pioneer project and gave a set of deliverables. • DOJ is awaiting the status of the deliverables.
<p>Person-Centered Organization Development</p> <p>ASO</p>	<ul style="list-style-type: none"> ❖ Ms. Fatma Jones received 7 applications for person-centered organizations. ❖ The goal was to receive at least 6 but working to get approval for the 7th application. ❖ Ms. Jones hopes to make a selection by October 1, 2014. ❖ Person-centered training is the high focus for the division of DD. ❖ Delmarva will be a sub-contractor for Value Options for DD and behavioral health. ❖ Delmarva will continue to be an internal reviewer of quality for DD and behavioral health. ❖ There will be one system for DD and BH and it will be available/accessible to families, providers, regions and state (with proper credentials). This system will contain tracking information. ❖ Increased reporting availability: <ul style="list-style-type: none"> ○ Go_Live date of April 1, 2015.

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<p style="text-align: center;">Proxy Caregiver/Self- Administration Medication</p> <p>Ms. Fatma Jones Ms. Sara Case</p>	<ul style="list-style-type: none"> ○ BHL/GCAL will remain in place. ○ Electronic ISP will be available for families and providers to go in and make comments or requests. ❖ Self-directed families want access to the budget, PA, what has been submitted for payment and what has been paid. ❖ The real budget is located in CIS. ❖ Legal has determined that families cannot have access to the PA due to the agency provider numbers listed on the PA. <ul style="list-style-type: none"> ○ The PA is for providers only. ❖ An expense statement with the fiscal agent should be an accurate statement of moneys available to the individual. ❖ “Order for services” will trigger a PA. ❖ Value Options will replace the CIS. <ul style="list-style-type: none"> ○ CIS will be going away but the information will be maintained by Value Options. ❖ Ms. Case is currently working with DCH to correct some of the language in the draft proxy caregiver policy. <ul style="list-style-type: none"> ○ The draft proxy caregiver policy is set to be published in January 2015. <ul style="list-style-type: none"> ▪ will be used to support providers that use proxy. ▪ Will be distributed to DDAC members at their next policy review meeting. ○ Providers and individuals will be able to decide if they want proxy caregiving. ○ There are some unanticipated consequences of the law.
<p style="text-align: center;">HCCBS Transition Plan</p>	<ul style="list-style-type: none"> ❖ Ms. Ivy facilitated a PowerPoint presentation discussing an overview of the NOW & COMP Waiver Amendment. <ul style="list-style-type: none"> • She will ensure it is posted on the DBHDD website. ❖ Ms. Ivy discussed why amendments were done. <ul style="list-style-type: none"> ○ To increase rates by 2% - no retroactive rate adjustment <ul style="list-style-type: none"> ▪ CAG, CAI, RV, SEG,SEL,CRA, CIS, SC ○ 2% increase will be ongoing. ○ Submits 2 new services - skilled nursing will be pulled out of bundled services (CRA or CLS). There will be a separate service wherever is needed. ○ Will de-complex exceptional rate process. ○ Behavior supports consultation – now available in all settings (96 max units) ○ Behavior support services - (96 max units) will help teach providers/families on how to implement – can be done by LCSW, LMSW, licensed psychologists, RNs, LPCs. ❖ October 1st will be the one year countdown for renewal of COMP – solicit public input – will be going on “Listening Tour” – to hear

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<p>Supported Employment Pilots/SELN</p> <p>Policy Review</p> <p>Ms. Catherine Ivy</p>	<p>what families need.</p> <ul style="list-style-type: none"> ❖ Intensive support coordination is needed for transition process. <ul style="list-style-type: none"> ○ Higher clinical level of support ○ Will be calculated on support needs of individuals. ❖ Transition/work plan had to be submitted along with revision. <ul style="list-style-type: none"> ○ DBHDD cannot communicate directly to CMS. ○ DCH is the owner of the transition plan and must be the one to communicate with CMS. ❖ All provider sites should be assessed to determine assessment of the new rule. ❖ The self-assessment tool has been developed but has not been approved by DCH yet. <ul style="list-style-type: none"> ○ Providers will be allowed to perform self-assessments by answering 30 questions. ❖ Blast emails will be sent to providers with specific instructions to complete self-assessments. ❖ DDAC will review the tool before distribution to the entire state. ❖ Ms. Ivy will send out a definition for intensive support coordination. ❖ All states must review internal policies to make sure that state policies do not conflict with CMS rules. ❖ Any revised policies will be brought back to the DDAC on an ongoing basis. ❖ Stakeholders will be able to provide input. ❖ The waivers can be viewed by going to http://dch.georgia.gov/waivers <p>Supported Employment (SE)</p> <ul style="list-style-type: none"> ❖ Catherine Ivy reported on the three pilots stating that they seem to be going well and people are getting into SE service. ❖ There was a breakdown of the pilots and the number of participants. ❖ Ms. Conway commented that the SE pilot in region one was not going so well and that there were challenges with referrals and getting people into service. <p>Policy Review Schedule</p> <ul style="list-style-type: none"> ❖ Since the Host Home policy revision, there have not been many substantive changes. ❖ Agencies providing nursing services in CRA's would now have to hold a private home care license. <ul style="list-style-type: none"> ○ CLA will be removed from the policy. Current Exceptional Rate policy requires a new SIS; that requirement will be eliminated as of October 1, 2014
Public Comment	<ul style="list-style-type: none"> ❖ Mr. Bobby Holcombe commented as a parent. <ul style="list-style-type: none"> ○ Legislators often question why DBHDD spends so much money on oversight and not on direct services. ○ DD should be a separate department to that it would get the attention it deserves.

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<p>Quality Indicators</p> <p>Mr. Eddie Towson</p>	<ul style="list-style-type: none"> ❖ Mr. Towson reported on the Quality and Outcome Indicators Workgroup. <ul style="list-style-type: none"> ○ The workgroup continues to work on the quality and outcome indicators. ○ Five domains follow waiver requirements. ○ Twenty indicators so far. ○ The deadline for the workgroup is December 1, 2014.
<p>Role of the Quality Council</p> <p>Ms. Marion Oliver</p>	<ul style="list-style-type: none"> ❖ Ms. Marion Oliver with the Delmarva Foundation discussed the role of the Quality Council. <ul style="list-style-type: none"> ○ There is a Quality Council in each region and a statewide council. ○ A statewide meeting is scheduled next week. ○ How can quality be reformatted and reorganized? ○ Discussed redefining their role. ❖ Statewide council wants to pull regional council groups together to work as one. <ul style="list-style-type: none"> ○ Increase communication. ○ Met with regional council chairs. ○ Will continue current projects, but determine one common/ core project/initiative. ○ Invites DDAC members to participate in their meetings. <ul style="list-style-type: none"> ▪ The next meeting is scheduled for the week of September 22nd. ▪ Will discuss strengths and weaknesses. ❖ Visit Delmarva’s website at www.dfmc-georgia.org ❖ Mr. Chris Bailey, Communications Director for DBHDD, has offered his assistance.
<p>My Voice, My Participation, My Board Report</p> <p>Susanna Miller Joseph Morman Ernest Hopkins Nandi Isaac</p>	<ul style="list-style-type: none"> ❖ Community Support Specialist, Susanna Miller discussed the Self Advocate Training program. There have been 7 graduates from the program so far. Some of the graduates from the program presented what they had learned through their participation. ❖ Mr. Morman: <ul style="list-style-type: none"> ○ Gifts to identify and share ○ Self-advocacy is a choice. ○ Inclusion is a part of life. ○ Coming up with effective ways to communicate. ○ Networking – “elevator speech” – short and to the point. <ul style="list-style-type: none"> ▪ What are your gifts, how are you using those gifts, and how do you want to use them. ❖ Ms. Isaac: <ul style="list-style-type: none"> ○ We need to speak out for all of our peers. ○ Learned Robert’s Rules. ○ Ask for help when needed.

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	<ul style="list-style-type: none"> ○ Be prepared for meeting. ○ Networking is critical. ❖ Mr. Hopkins: <ul style="list-style-type: none"> ○ HIV Community – served on many types of council and has chaired. ○ Afraid to let people know that he is usually impaired. ○ Did not recognize his own skills. ○ Learned to shake hands and look people in their eyes. ○ Need to offer advanced course for public speaking. ○ Robert’s Rules. ○ Hopes programs can expand. ○ How to chair committees. ❖ Next training will be held in Savannah in January, February and March 2015. ❖ The application is located online. Person needs a baseline of experience. ❖ Accommodations will be paid – mileage and meals.
Public Comment	<ul style="list-style-type: none"> ❖ No comments were made.
Adjournment	<ul style="list-style-type: none"> ❖ The meeting adjourned at 2:15 PM. The next meeting is scheduled for November 21, 2014. Ms. Conway will notify every one of the meeting location.